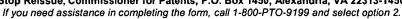
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REISSUE PATENT APPLICATION TRANSMITTAL

	Attorne	y Docke	t No.	56240	1/A DUTT 122DUDE						
Address to:		amed In			56249-140 PHLL-132DVRE						
Mail Stop Reissue					Mark Dinsmore 6,320,932						
Commissioner for Patents			Number		932						
P.O. Box 1450			Issue Date	Novemb	~~ 20 2001						
Alexandria, VA 22313-1450		/Day/Ye			November 20, 2001						
·					EV332174567US						
APPLICATION FOR REISSUE OF: (Check applicable box) X Utility Patent Design Patent Plant Patent											
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS									
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing	1)		10. Sta	tement of status a nges to the claim	and support for all is. See 37 CFR 1.173(c).						
2. X Applicant claims small entity status. See 37 CFR 1.27.	Applicant claims small entity status. See 37 CFR 1.27.				11. Original Patent Grant						
3. X Specification and Claims in double column copy of pat	ıt	Ribboned Original Patent Grant									
(amended, if appropriate) 4. Drawing(s) (proposed amendments, if appropriate)		Statement of Loss (PTO/SB/55)									
5. X Reissue Oath/Declaration (original or copy) (unexe (37 C.F.R. 1.175) (PTO/SB/51 or 52))	2. For	Loss (PTO/SB/55) 781585 2100 1000 1000 1000 1000 1000 1000 100								
6. X Power of Attorney				rmation Disclosur ement (IDS)/PTC							
7. X Original U.S. Patent currently assigned? X Yes (If Yes, check applicable box(es))	No		Eng (if a	lish Translation o oplicable)	f Reissue Oath/Declaration						
X Written Consent of all Assignees (PTO/SB/53) (unexecuted) 15. X Preliminary Amendment											
37 C.F.R. 3.73(b) Statement (unexecuted (PTO/SB/96)	I)		Retu (She	urn Receipt Posto	ard (MPEP 503) ly itemized)						
8. CD-ROM or CD-R in duplicate, Computer Program (Aport large table	opendix)		17. Other: _	Cransmitta	l Letter						
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)											
a. Ll Computer Readable Form (CFR) b. Specification Sequence Listing on: i											
ii paper c. Statements verifying identity of above copies											
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X Customer Number. 23630			OR [Comesona	lence address below						
				Correspond							
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City Boston		State	MA	Zip Code	02109						
Country USA Tele	phone	617-	35-441.	<u>Fax</u>	617-535-3800						
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Name (Print/Type) Registration No. (Attorney/Agent) Elizabeth E. Kim 43,334 Signature Date November 20, 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.





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REISSUE APPLICATION FEE TRANSMITTAL FORM

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								562	249-140 P	HLL-132D			
. Claims as Filed – Part 1 Large													
laims in			ber Filed in	Number Extra			XSMMIK Entity				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
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(A) 8	Total Claims (37 CFR 1.16(j)) Independent claims	(B)	21	****	13	=	×\$.18	8.00 \$234.00		.00		x \$=	
(C) 1	(37 CFR 1.16(i))	(D)	8	<u> </u>	7	=	×\$ 86	.00	\$602.00		or	x\$=	
				Basic Fee (37 CF		R 1.16(h)	¹⁾⁾ \$770.00		.00			\$	
				Total Filing Fee					1,606.00			OR	\$
Claims as Amended – Part 2													
	(1)				(2)		(3)		Small Entity			Other than a Small Entity	
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* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. *** Please charge Deposit Account No. 50–1133 in the amount of\$1,606.00 A duplicate copy of this sheet is enclosed. *** The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50–1133 A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filling/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.													
Novemb	WARNING: In be included er 20, 2003							and a	uthoriz ELi	ation Zal	on P		
43.334	43,334						Elizabeth E. Kim						
Registration Number, if applicable							Typed or printed name						

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